

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM	
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		<div>FILED</div> <div>COURT USE ONLY</div> <div><input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim.</div> <div>Court Claim Number: <u>13-53846-1</u> (If known)</div> <div>Filed on: <u>Mar 11, 2014</u></div> <div><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</div>	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.					
Name of Creditor (the person or other entity to whom the debtor owes money or property): Lynk, Linda C					
Name and address where notices should be sent: NameID: 11550092 Lynk, Linda C 24510 Manistee St Oak Park, MI 48237		RECEIVED MAR 03 2014 KURTZMAN CARSON CONSULTANTS			
Telephone number: 248 582 0063 email: linda.clynk@live.com					
Name and address where payment should be sent (if different from above):					
Telephone number: 248 582 0063 email: linda.clynk@live.com					
1. Amount of Claim as of Date Case Filed: \$ <u>80,000.00</u> plus Death duty pension Arrearage (continuing)					
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.					
2. Basis for Claim: <u>Death (wrongful)</u> (See instruction #2)					
3. Last four digits of any number by which creditor identifies debtor:			3a. Debtor may have scheduled account as: _____ (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____			Basis for perfection: _____		
Value of Property: \$ _____			Amount of Secured Claim: \$ _____		
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable			Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____					
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____					
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)					
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: <u>Can not find stub with COLA amount</u>					
8. Signature: (See instruction # 8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Linda Lynk</u> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____ Telephone number: _____ email: _____ <div><u>[Signature]</u> <u>Jan 3, 2014</u> (Signature) (Date)</div>					

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



To whom this may concern;

Case no 13-53846

This is what the city of Detroit took from my family. A hands on Daddy and husband.

They have tried to trick me out of benefits due us since his death when

I was 8 months pregnant with a son who will never touch, hear, hug know his father.

I believe they traded my pension with something else (maybe inferior) but they won't answer any of my questions.

They owe me COLA as well. In arrears (alone) for my Death Duty Pension and COLA. They owe me approx 80,000.

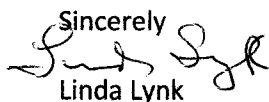
I did not agree to anything other than my Death Duty Pension. Why are they afraid to tell me what they did? is it inferior to what they were supposed to pay us?

My kids lost their father, due to the carelessness of the city of Detroit. I lost my husband.

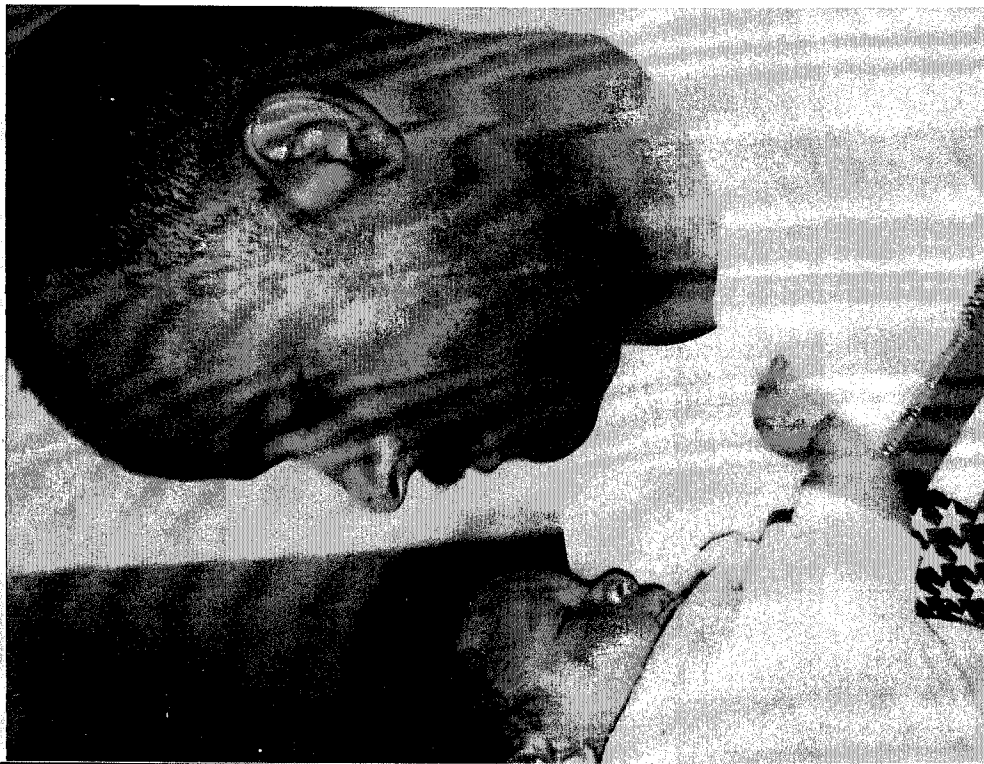
Please hold them responsible. Make them answer our questions as to what they did with my Death Duty Pension.

That 80,000. (that they owe us in arrears alone) could have went a long way in helping with home repairs , schooling, my car is 15 years old.... etc that my late husband is not here to help us with.

Please hold them responsible. Make them answer our questions as to what they did with my Death Duty Pension.

Sincerely

Linda Lynk

lindaclynk@live.com



Linda Lynk
lindaclynk@live.
com

CASE NO

13-53846

See Back *
Please



LF 696

CF


 STATE OF MICHIGAN
 DEPARTMENT OF COMMUNITY HEALTH
 CERTIFICATE OF DEATH

STATE FILE NUMBER

1635973

 NOT PRINT
 IN
 PERMANENT
 BLOCK INK

FOR USE BY PHYSICIAN OR INSTITUTION

DECEASED

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

 4-1483 10/98
 (revis B-36)

1. DECEDENT'S NAME (First, Middle, Last) Kenneth Odell Lynk				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) June 21, 2001	
4a. AGE - Last Birthday (Years) 43		4b. UNDER 1 YEAR MONTHS: _____ DAYS: _____		4c. UNDER 1 DAY HOURS: _____ MINUTES: _____		5. DATE OF BIRTH (Month, Day, Year) January 15, 1958	
6. COUNTY OF DEATH St. Clair				7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) Westbound I94 East of Range Road			
7b. IF HOSP. OR INST. Inpatient, Op./Emer. Room, DOA (Specify) Kimball Twp.				7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH Kimball Twp.			
8. SOCIAL SECURITY NUMBER 379-72-5176		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Security Guard		9b. KIND OF BUSINESS OR INDUSTRY City Government			
10a. CURRENT RESIDENCE - STATE Michigan		10b. COUNTY Oakland		10c. LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP. OF Oak Park		10d. STREET AND NUMBER 12800 W. Nine Mile Rd., #42	
10e. ZIP CODE 48237		11. BIRTHPLACE (City and State or Foreign Country) Detroit, MI		12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		13. SURVIVING SPOUSE (If wife, give name before first married) Linda Marbly	
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No		15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) African-American		16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
18. FATHER'S NAME (First, Middle, Last) Thomas Lynk				19. MOTHER'S NAME (First, Middle, Surname before first married) Etter Johnson			
20a. INFORMANT'S NAME (Type/Print) Linda Lynk				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 12800 W. Nine Mile Rd., #42, Oak Park, MI 48237			
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Burial				22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Mt. Hope Memorial Gardens			
22b. LOCATION - City or Village, State Livonia, MI				23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>			
24. LICENSE NUMBER (of Licensee) 6208				25. NAME AND ADDRESS OF FACILITY Wilson-Akins Funeral Homes 527 Owen Avenue, Detroit, MI 48202			
26. PART I Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Blunt Force Head, Neck and Chest Trauma DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)							
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I							
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes				27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes			
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) State Highway				29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes			
30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>				31a. <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case (Check one only) <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. D. Hislop, M.D., Cty. Med. Exam.			
30b. DATE SIGNED (Mo., Day, Yr.) June 21, 2001				30c. TIME OF DEATH M			
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) D. Hislop, M.D., Cty. Med. Exam., 3415 28th St., Port Huron, MI 48060				31b. DATE SIGNED (Mo., Day, Yr.) June 21, 2001			
31c. CASE NUMBER 01-0227				31d. PRONOUNCED DEAD (Mo., Day, Yr.) ON June 21, 2001			
31e. TIME OF DEATH 0632 hrs.				32b. LICENSE NUMBER 29260			
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) D. Hislop, M.D., Cty. Med. Exam., 3415 28th St., Port Huron, MI 48060							
33a. ACC. SUICIDE, HOM., NATURAL OR PENDING INVEST. (Specify) Accident		33b. DATE OF INJURY (Mo., Day, Yr.) June 21, 2001		33c. TIME OF INJURY 0611 hrs.		33d. DESCRIBE HOW INJURY OCCURRED Driver killed in two car collision	
33e. INJURY AT WORK? (Specify Yes or No) Yes		33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) State Highway		33g. LOCATION - Street or RFD No. City Village or Twp. State WB I94 East of Range, Kimball, MI		34b. DATE FILED (Month, Day, Year) June 26, 2001	
34a. REGISTRAR'S SIGNATURE <i>[Signature]</i>				34c. DATE OF DEATH (Month, Day, Year) June 21, 2001			

 (STATE OF MICHIGAN)
 (COUNTY OF ST. CLAIR)
 (PORT HURON, MICHIGAN)

I, MARILYN DUNN, CLERK OF THE COUNTY OF ST. CLAIR AND THE CIRCUIT COURT, THEREOF, THE SAME BEING A COURT OF RECORD HAVING A SEAL, DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY NOW REMAINING IN MY OFFICE.

 IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIX THE SEAL OF THE CIRCUIT COURT THIS 25TH DAY OF JUNE A. D. 2001.

 MARILYN DUNN
 ST. CLAIR COUNTY CLERK

CASE NO

Case 13-53846
Linda Lynk

letter

From: **Tiffany Lynk** (lindaclynk@live.com)

Sent: Sun 2/16/14 6:38 PM

To: Tiffany Lynk (lindaclynk@live.com)

My name is Linda Lynk. My husband Kenneth Lynk was killed while working for the city of Detroit, in 2001. He had been in the hospital and since no one wanted to drive to Port Huron. They used him and even again, shortly after he was released from the hospital for a serious diabetes attack. They lied and promised that there would always be two people driving from Detroit to Port Huron. He was alone when he was killed Driving up there.

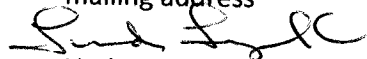
I was an older mom, took us years to have our first child (we were both in our 40s) I was 8 months pregnant at the time and had a grieving two year old. I had to fight the city, tooth and nail trying to keep my health benefits WHILE being 8 months pregnant. I had to fight for other benefits they were trying to trick me out of as well.

One of these benefits is my Death Duty pension. I should have began receiving it I believe years ago. I received a letter confirming that I was supposed to receive it. That letter was stolen by a corrupt neighbor and taken to Mr Stampor. I believe they are once again trying to take that benefit away or have replaced it with a lessor benefit, the city of Detroit ignores my requests for answers.

The city also owes me COLA dating back to at least 2002. They ignore my requests for payment and answers concerning this as well. My son never met his daddy due to the carelessness of the city of Detroit. My daughter still grieves losing her father at 2 years old. Nothing can take their pain away. My kids will be 13 and 16 this year. The least the City of Detroit can do for me and my kids is to pay the benefits due us.

PLEASE GIVE this letter to the Detroit Retirees attorney. I recently decided to change my landline phone for a cell phone. For whatever reason I can text but not hear anything. You can text me at 248 955-8745. Or email lindaclynk@live.com or lindaClynk@live.com

mailing address



Linda Lynk
24510 Manistee
Oak Park MI 48237

Retirement code-70-4-3

My pension number is 257273

My pension should have amounted to approx. 900.00 to 1,000 per month dating from I believe Feb 2009.

They owe me approx. 55,000.00 in back pay, for my death duty pension.

They also owe me approx. 25,000.00 in back pay for COLA.

I still have a copy of the letter that I sent to Mr. Stampor in about 2003 demanding my death duty payment (He had responded to this letter, this letter was stolen by a neighbor and took to him), even though my pension was supposed to start several years later. I did not agree to them to take away my pension or replace it with a lessor benefit so I don't know why they are ignoring my requests for answers. PLEASE DON'T ALLOW THE city of Detroit TO ROB A WIDOW AND KIDS OUT OF OUR PENSION or replace it with a lessor benefit that I didn't agree with. Thank you very much!!!! Linda Lynk

* It was stolen from my home and given to Mr Stampor
Or Someone in that office

October 31, 2013

Info sent to me from the Stampers

City of Detroit

Case 13-53846

Linda Lynk

SUMMARY OF PLAN BENEFIT PROVISIONS CON'T

a salary level equal to final compensation. The pension is recomputed with additional service credit granted from the date of disability to the conversion date with no maximum.

NON-DUTY DISABILITY RETIREMENT

ELIGIBILITY - Disability from any cause before age 60 with 10 or more years of service.

ANNUAL AMOUNT - Computed in the same manner as a regular retirement benefit. Effective January 1, 1999, the maximum annual pension to age 60 is \$6,000. Benefit is recomputed at age 60 with no maximum.

DUTY DEATH BEFORE RETIREMENT

ELIGIBILITY - Death from service-related causes. No age or service requirements.

ANNUAL AMOUNT - One-third of final compensation to the surviving spouse for life or until remarriage, plus an equal share of 1/4 of final compensation to each unmarried child under age 18. If there is no eligible spouse, eligible children each receive 1/4 of final compensation; if there are more than 2 such children, each child shares an equal part of 1/2 of final compensation. Maximum total amount for spouse and children is \$9,000 annually. If there is no eligible spouse or children, dependent parents each receive 1/6 of deceased's final compensation, to a total maximum of \$600 annually.

NON-DUTY DEATH BEFORE RETIREMENT

ELIGIBILITY - Death in service at any age with 20 years of service; or age 60 with 10 years of service; or age 65 with 8 years of service.

ANNUAL AMOUNT - To Surviving Spouse: Computed as a regular retirement benefit but reduced in accordance with a 100% joint and survivor election. To Dependent Children if no Surviving Spouse: \$9,000 payable to age 19 of the youngest child or for life if child is physically or mentally impaired.

ELIGIBILITY - Death in service at any age with at least 15 years of service but less than 20 years of service.

ANNUAL AMOUNT - To Surviving Spouse: Computed as a regular retirement benefit but reduced in accordance

with a 50% joint and survivor election. To Dependent Children if no Surviving Spouse: \$6,000 payable to age 19 of the youngest child or for life if child is physically or mentally impaired.

POST RETIREMENT COST-OF-LIVING ADJUSTMENT

Benefit is increased annually 2.25% of the original payment at retirement.

MEMBER CONTRIBUTION

Members have the option of choosing one of four contribution amounts: (1) 0%; (2) 3.0% of compensation up to the Social Security wage base plus 5.0% of compensation in excess of the Social Security wage base; (3) 5.0% of total compensation; or (4) 7.0% of total compensation.